DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS ANA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: SUPERIOR HOUSE (0009945)

Address: 1204 SUPERIOR AVENUE, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 08/01/2003

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095894 End Date: 11/01/2005 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091734 End Date: 12/15/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006918 Served 01/06/2004

Compliance

Deficiencies Cited
83.43(4)(b)1Subject Area
SPECIFIC LOCATIONVerified
11/01/2005Corrected
Yes